Headquarters U.S. Air Force

Integrity - Service - Excellence

Hollywood Squares PIB Agenda

Performance Improvement Board

"Execution is the Chariot of Genius"
William Blake

U.S. AIR FORCE

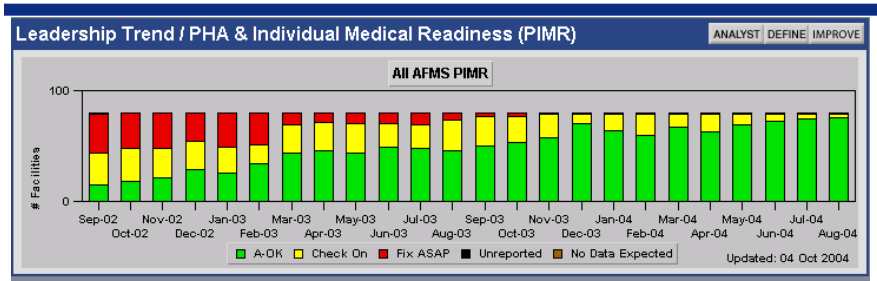
26 Oct 04
Tuesday

HWS PIB Overview

- **Opening Comments (Lt Gen Taylor 2 min)**
- ***6 Key Balanced Scorecard Metrics**
  - **PIMR (8 mins)**
  - **ADM Compliance (8 mins)**
  - **Access to Care – Routine (8 mins)**
  - **PCM Schedule Availability (8 mins)**
  - **Medical Records Available for Audit (8 mins)**
- **Metrics of Special Interest**
  - **HEDIS – Breast Cancer (8 mins)**
- **AF/SG Review, Questions and Comments (All - 10 mins)**
- **Future Meetings:**
  - **PIB Action Officer Telecon: 3 Nov 2004**

PIMR

Functional Owner: Maj Linda Bonnel
Data Consultant: Lt Col Steve Toney


Leadership Trend / PHA & Individual Medical Readiness (PIMR)
ANALYST DEFINE IMPROVE
All AFMS PIMR
Facilities
100
0
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
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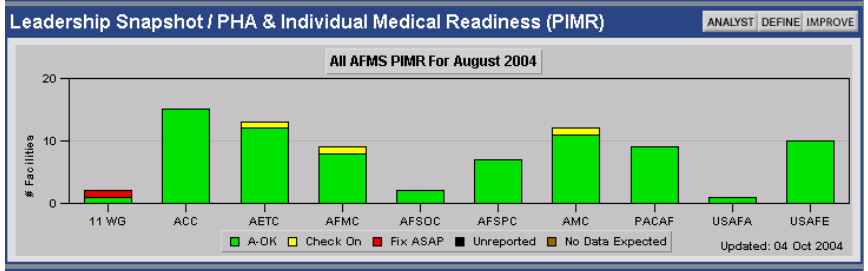
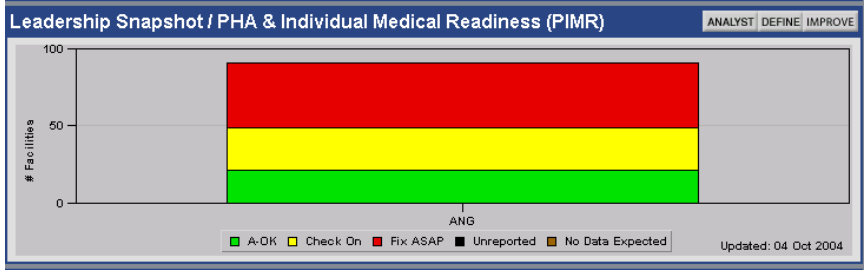
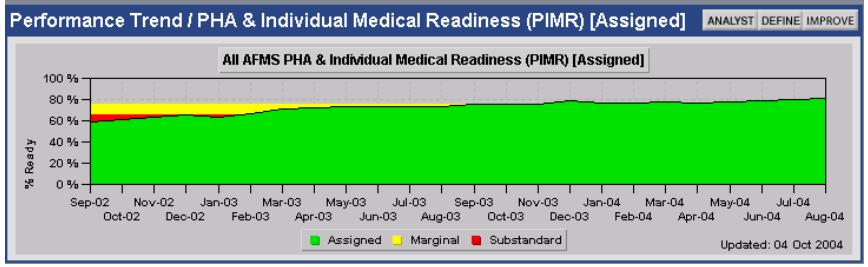
Updated: 04 Oct 2004


Leadership Snapshot / PHA & Individual Medical Readiness (PIMR)
ANALYST DEFINE IMPROVE
All AFMS PIMR For August 2004
Facilities
20
10
0
11 WG ACC AETC AFMC AFSOC AFSPC AMC PACAF USAFA USAFE
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 04 Oct 2004




Performance Trend / PHA & Individual Medical Readiness (PIMR) [Assigned]
ANALYST DEFINE IMPROVE
All AFMS PHA & Individual Medical Readiness (PIMR) [Assigned]
% Ready
100 %
80 %
60 %
40 %
20 %
0 %
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
Assigned Marginal Substandard
Updated: 04 Oct 2004

Analyst Comments

- **IMR score highest yet…81%**
- **Six MAJCOMs: <u>All bases green</u>!**
  - **PACAF AFSOC**
  - **USAFE AFSPC**
  - **USAFA ACC**
- **Only 3 bases yellow…**
  - **But scores are 73, 74 and 74!**
- **Pentagon increased from 37 to 44**
- **ANG: IMR 66, score improving**
  - **All ANG units now have PIMR 2**
- **Flu requirement turned off centrally; will not affect IMR rate**
- **Expect IMR rates to drop due to AVIP expansion**

Performance Thresholds: Sub Standard <65%; Marginal >= 65% & <75%; Goal >=75%.

PIMR

Most Improved and Bottom Performers

nctional Owner: Maj Linda Bonnel; Data Consultant: Lt Col Steve Toney

Most Improved 5 (Mar 2004 - Aug 2004)

MTF	MAJCOM	Mar	Aug	Δ	Commander	Lessons Learned
PENTAGON	11 WG	29.88	44.13	14.2	Col Brenda J. McEleney	
MOODY	AFSOC	70.83	83.28	12.4	Col Loren M. Johnson	
COLUMBUS	AETC	80.68	88.59	7.91	Col David Armstrong	
MCCHORD	AMC	73.4	81.11	7.7	Col Thomas MacCauley	
HILL	AFMC	73.99	81.15	7.16	Col Stephen G. Reinhart	

Bottom 5 (Aug 2004)

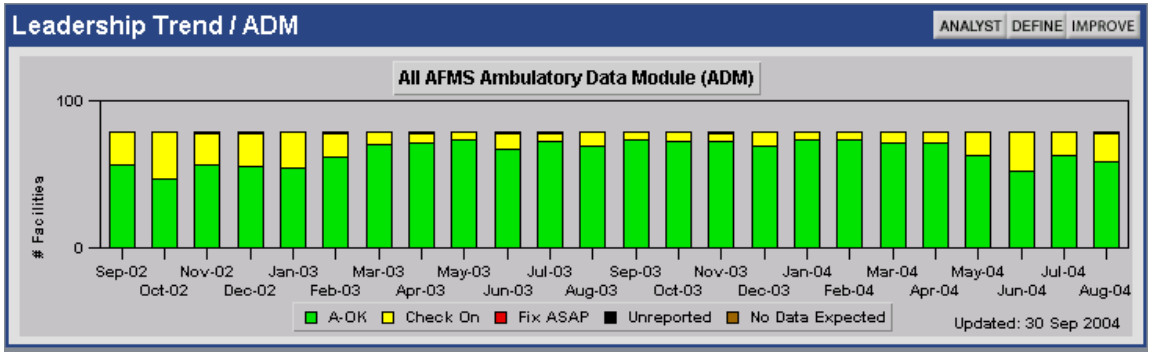
MTF	MAJCOM	Repeat	Jun	Jul	Aug	Commander	Action Plans
PENTAGON	11 WG	2	33.29	37.6	**44.13**	Col Brenda J. McEleney	
TRAVIS	AMC	0	74.72	75.78	**73.36**	Col Byron Hepburn	
LACKLAND	AETC	10	72.13	72.32	**74.63**	Maj Gen Charles Green	
ROBINS	AFMC	4	70.27	74.33	**74.93**	Col Richard G. Griffith	
ANDREWS	AMC	3	71.4	74.1	**76.2**	No plan required. As of.	

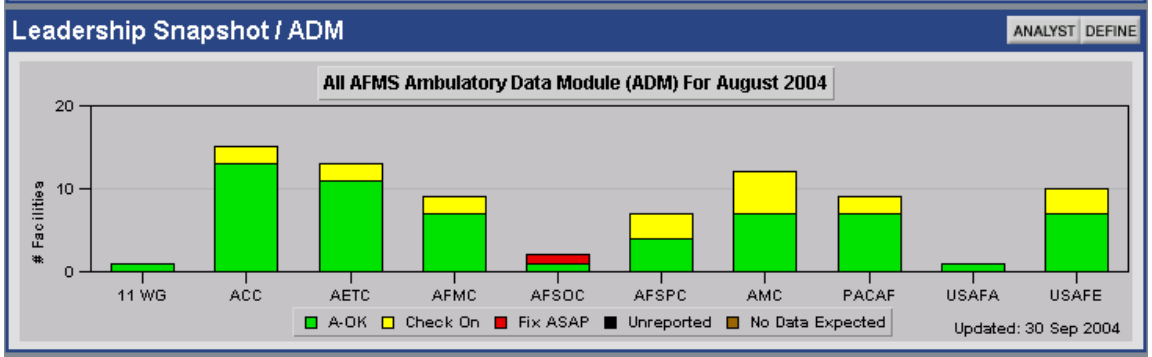
Performance Thresholds: Sub Standard <65%; Marginal >= 65% & <75%; Goal >=75%.

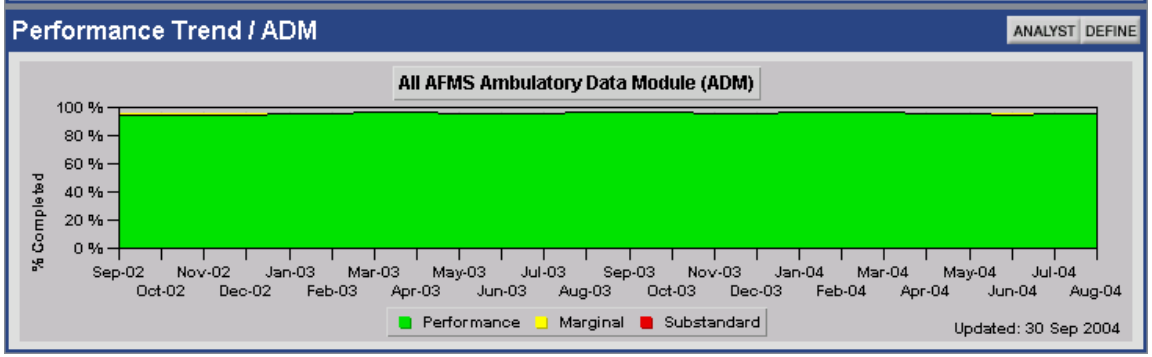
ADM Coding Compliance

Functional Owner: Lt Col Joseph Haggerty
Data Consultant: Ms. Cindy Pierson

U.S. AIR FORCE


Leadership Trend / ADM
ANALYST DEFINE IMPROVE
All AFMS Ambulatory Data Module (ADM)
Facilities
100
0
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Leadership Snapshot / ADM
ANALYST DEFINE
All AFMS Ambulatory Data Module (ADM) For August 2004
Facilities
20
10
0
11 WG ACC AETC AFMC AFSOC AFSPC AMC PACAF USAFA USAFE
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Performance Trend / ADM
ANALYST DEFINE
All AFMS Ambulatory Data Module (ADM)
% Completed
100 %
80 %
60 %
40 %
20 %
0 %
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
Performance Marginal Substandard
Updated: 30 Sep 2004

Analyst Comments

- **AFMS is currently**
  - **96% complete**
  - **88% timeliness**
- **Current issues**
  - **Lack of sufficient coder support**
  - **Hurricane evacuations**
  - **99211 vs 99499**
    - **1 Nov BDQAS to filter on Prov Spec Code 600 and 900; nurse and tech**

Performance Thresholds: Sub Standard <85%; Marginal >=85% & <95%; Goal >=95%.

ADM Coding Compliance

Most Improved and Bottom Performers

U.S. AIR FORCE — *Functional Owner: Lt Col Joseph Haggerty; Data Consultant: Ms. Cindy Pierson*

Most Improved 5 (Mar 2004 - Aug 2004)

MTF	MAJCOM	Mar	Aug	Δ	Commander	Lessons Learned
S JOHNSON	ACC	96.62	103.0	**6.41**	No Lessons Learned Required.	
YOKOTA	PACAF	94.59	99.65	**5.07**	Col Mark Presson	
PATRICK	AFSPC	100	104.6	**4.68**	No Lessons Learned Required.	
ANDREWS	AMC	90.68	94.79	**4.11**	No Lessons Learned Required.	
OSAN	PACAF	96.24	99.89	**3.65**	No Lessons Learned Required.	

Bottom 5 (Aug 2004)

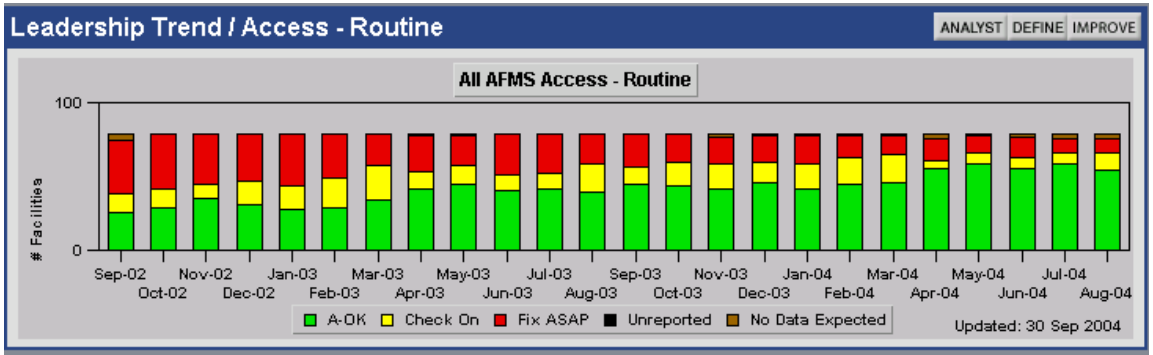
MTF	MAJCOM	Repeat	Jun	Jul	Aug	Commander	Action Plans
HURLBURT	AFSOC	0	90.93	93.22	**81.99**	Col Timothy T. Jex	
EGLIN	AFMC	5	88.87	91.86	**89.92**	Col Gary S. Forthman	
PETERSON	AFSPC	0	90.03	91.59	**90.43**	Col Thomas Baldwin	
FAIRCHILD	AMC	0	93.32	95.21	**90.92**	Col David Womack	
KADENA	PACAF	0	94.8	94.8	**90.9**	Col Kelly Nash	

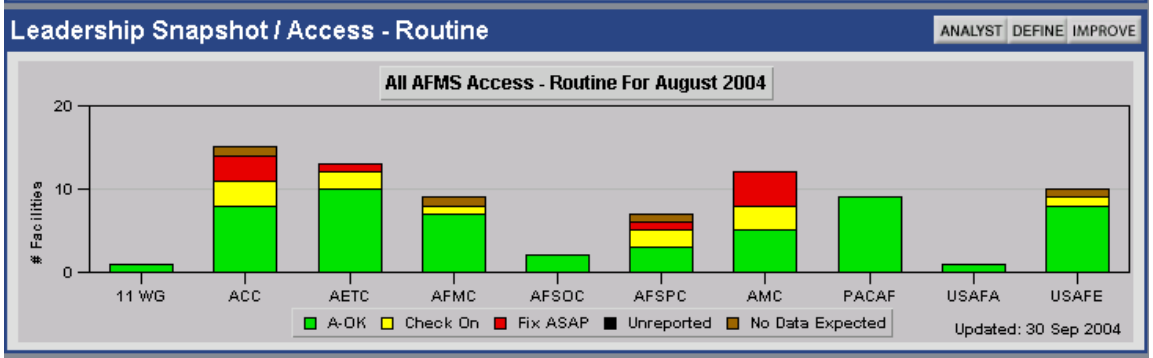
Performance Thresholds: Sub Standard <85%; Marginal >=85% & <95%; Goal >=95%.

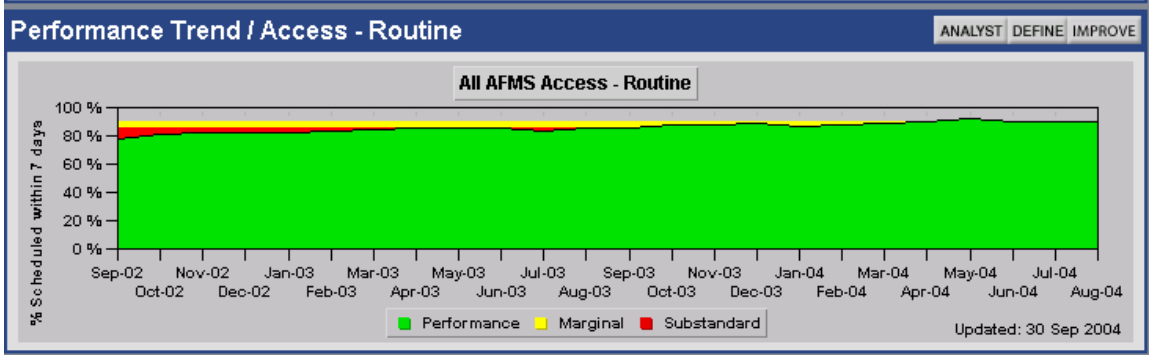
**Requires >= 5% relative change to be "Most Improved".*

Access to Care - Routine

Functional Owner: Maj Mark Meersman
Data Consultant: Ms. Sandy Johnson


Leadership Trend / Access - Routine
ANALYST DEFINE IMPROVE
All AFMS Access - Routine
Facilities
100
0
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Leadership Snapshot / Access - Routine
ANALYST DEFINE IMPROVE
All AFMS Access - Routine For August 2004
Facilities
20
10
0
11 WG ACC AETC AFMC AFSOC AFSPC AMC PACAF USAFA USAFE
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Performance Trend / Access - Routine
ANALYST DEFINE IMPROVE
All AFMS Access - Routine
% Scheduled within 7 days
100 %
80 %
60 %
40 %
20 %
0 %
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
Performance Marginal Substandard
Updated: 30 Sep 2004

Analyst Comments

- **Overall AFMS = 90% No Change**
- **Graduated Flatliner:**

MTF	#Months as Flatliner	Lowest Score	Highest Score
Mt Home	12	39	95

- **Flatliner Needing to be "Coded":**

MTF	#Months as Flatliner
Lackland	25

- **MTFs That Improved > 10% from June: Charleston (16%), Andrews (12%), Ramstein (10%)**
- **Primary Care Planned Appts: 390,495**
- **Unbooked Appts: 82,662 (21%)**

Performance Thresholds: Sub Standard <85%; Marginal >=85% & <90%; Goal >=90%.

Access to Care - Routine

Most Improved and Bottom Performers

Functional Owner: Maj Mark Meersman; Data Consultant: Ms. Sandy Johnson

Most Improved 5 (Mar 2004 - Aug 2004)

MTF	MAJCOM	Mar	Aug	Δ	Commander	Lessons Learned
MT HOME	ACC	39.22	95.39	**56.1**	Col Helen Horn-Kingery	
GRAND FORKS	AMC	45.77	87.3	**41.5**	Col Robert Quinn	
VANDENBERG	AFSPC	74.47	96.83	**22.3**	Col Gregory Allen	
MOODY	AFSOC	76.89	97.04	**20.1**	Col Loren M. Johnson	
BARKSDALE	ACC	80.85	97.8	**16.9**	Col Robert F. Todaro	
BUCKLEY	AFSPC	0	87.5	**75**	Col Danny Seanger	
SCOTT	AMC	4	65.01	56.54	**57.53**	Col Lawrence Riddles
DYESS	ACC	0	100	100	**61.54**	Col Rich Trifilo
S JOHNSON	ACC	2	66.29	78.12	**75.76**	Col Donna Lake
NELLIS	ACC	1	75.5	71.16	**75.85**	Col Carl M. Alley

Bottom 5 (Aug 2004)

MTF	MAJCOM	Repeat	Jun	Jul	Aug	Commander	Action Plans
BUCKLEY	AFSPC	0	87.5	75	**50**	Col Danny Seanger	
SCOTT	AMC	4	65.01	56.54	**57.53**	Col Lawrence Riddles	
DYESS	ACC	0	100	100	**61.54**	Col Rich Trifilo	
S JOHNSON	ACC	2	66.29	78.12	**75.76**	Col Donna Lake	
NELLIS	ACC	1	75.5	71.16	**75.85**	Col Carl M. Alley	

Performance Thresholds: Sub Standard <85%; Marginal >=85% & <90%; Goal >=90%.

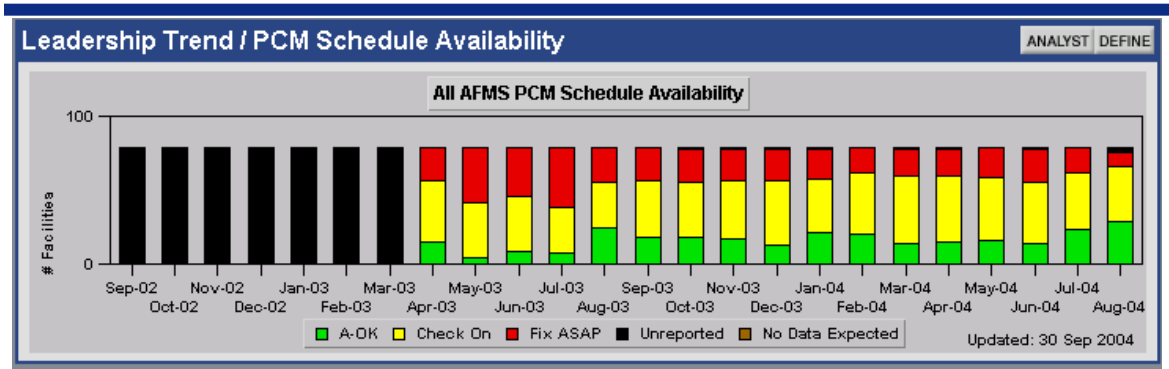
Requires >= 5% relative change to be "Most Improved".

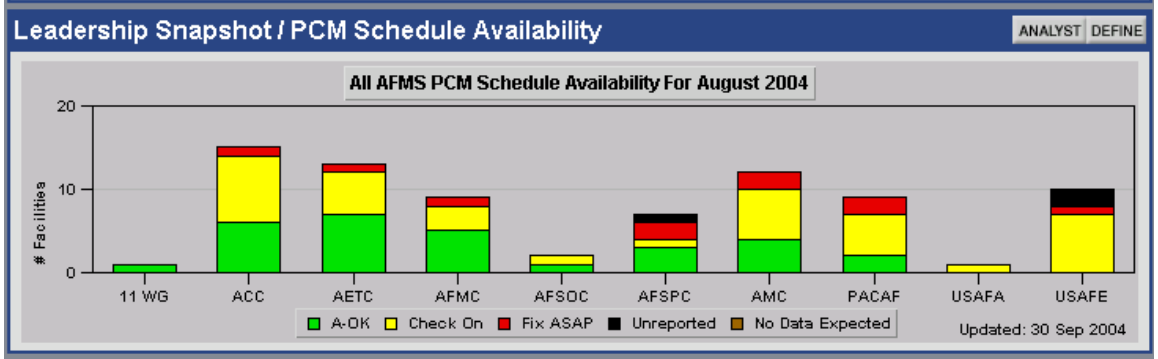
PCM Schedule Availability

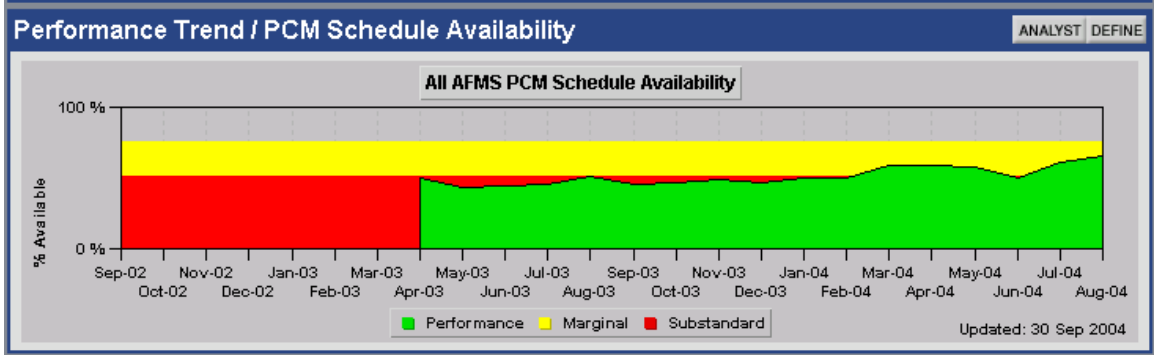
U.S. AIR FORCE

Functional Owner: Maj Mark Meersman

Data Consultant: Ms. Sandy Johnson


Leadership Trend / PCM Schedule Availability
ANALYST DEFINE
All AFMS PCM Schedule Availability
Facilities
100
0
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Leadership Snapshot / PCM Schedule Availability
ANALYST DEFINE
All AFMS PCM Schedule Availability For August 2004
Facilities
20
10
0
11 WG ACC AETC AFMC AFSOC AFSPC AMC PACAF USAFA USAFE
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Performance Trend / PCM Schedule Availability
ANALYST DEFINE
All AFMS PCM Schedule Availability
% Available
100 %
0 %
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
Performance Marginal Substandard
Updated: 30 Sep 2004

Analyst Comments

- **Overall AFMS = 66%, up from 61%**
- **Kudos to MTFs above 90%: Columbus (102%), Seymour Johnson (96%), Vance (95%), Vandenburg (94%), Brooks (93%), Beale (92%), McConnell (92%), and Hanscom (90%)**
- **Bottom 5 Comparison:**

MTF	PCM-SA Score	Routine	Acute	Well
Osan	15	96	95	96
Travis	39	82	95	95
Peterson	41	85	93	97
Lackland	42	80	98	91
Robins	42	92	96	94

- **Aug TOC Data for Same PCM**
  Total Available Appts = 337,
  Total Booked Appts = 326,0
  Delta = 11,690 (3.5%)

Performance Thresholds: Sub Standard <51%; Marginal >=51% & <75%; Goal >=75%.

PCM Schedule Availability

Most Improved and Bottom Performers

U.S. AIR FORCE *Functional Owner: Maj Mark Meersman; Data Consultant: Ms. Sandy Johnson*

Most Improved 5 (Mar 2004 - Aug 2004)

MTF	MAJCOM	Mar	Aug	Δ	Commander	Lessons Learned
SHAW	ACC	23.75	72.36	**48.6**	Col Stephen J. Niles	
VANDENBERG	AFSPC	48.65	94.31	**45.6**	Col Gregory Allen	
S JOHNSON	ACC	55.9	96.25	**40.3**	Col Donna Lake	
EDWARDS	AFMC	46.3	86.18	**39.8**	Col Sally J. Petty	
ELLSWORTH	ACC	34.03	71.57	**37.5**	Col Ronald S. Dornin	

Bottom 5 (Aug 2004)

MTF	MAJCOM	Repeat	Jun	Jul	Aug	Commander	Action Plans
OSAN	PACAF	0	81.17	37.31	**15.83**	Col Richard Hersack	
TRAVIS	AMC	5	32.83	39.33	**39.85**	Col Byron Hepburn	
PETERSON	AFSPC	0	50.27	52.67	**41.07**	Col Thomas Baldwin	
LACKLAND	AETC	2	26.03	41.13	**42.12**	Maj Gen Charles Green	
ROBINS	AFMC	2	55.4	36.2	**42.4**	Col Richard G. Griffith	

Performance Thresholds: Sub Standard <51%; Marginal >=51% & <75%; Goal >=75%.

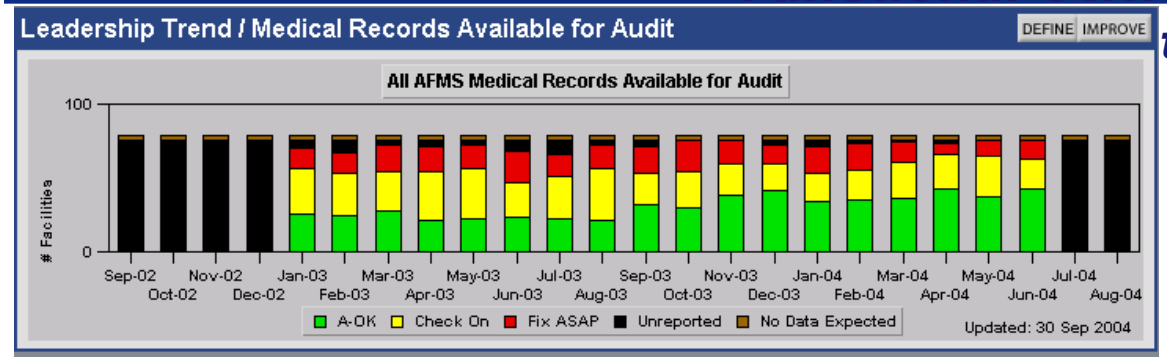
**Requires >= 10 point delta to be "Most Improved".*

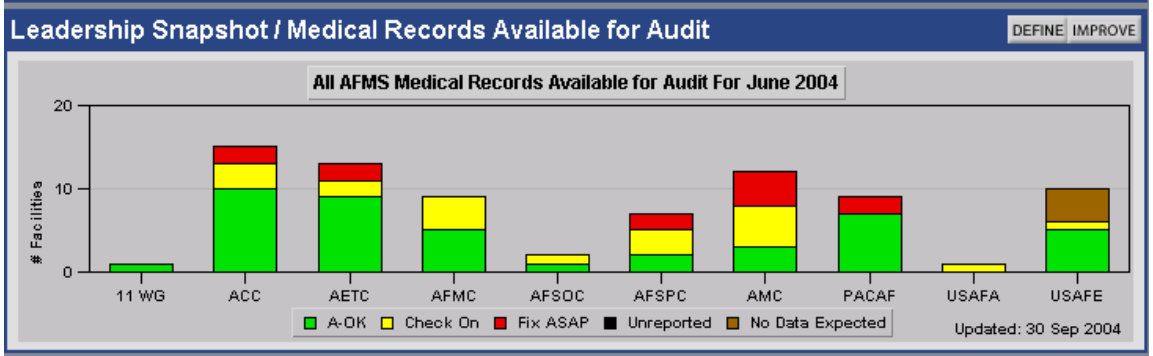
Medical Records Available for Audit

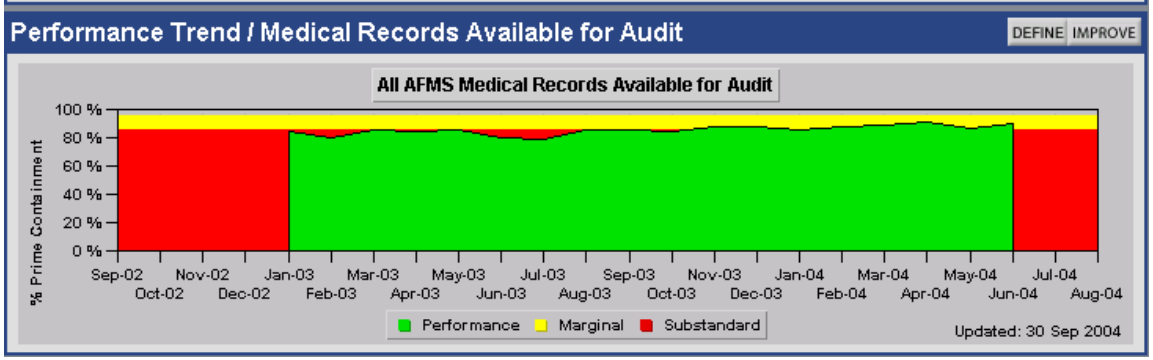
U.S. AIR FORCE

Functional Owner: MSgt Jeff Kolesar

Analyst: MSgt Joann Milster


Leadership Trend / Medical Records Available for Audit
DEFINE IMPROVE
All AFMS Medical Records Available for Audit
Facilities
100
0
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Leadership Snapshot / Medical Records Available for Audit
DEFINE IMPROVE
All AFMS Medical Records Available for Audit For June 2004
Facilities
20
10
0
11 WG ACC AETC AFMC AFSOC AFSPC AMC PACAF USAFA USAFE
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Performance Trend / Medical Records Available for Audit
DEFINE IMPROVE
All AFMS Medical Records Available for Audit
% Prime Containment
100 %
80 %
60 %
40 %
20 %
0 %
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
Performance Marginal Substandard
Updated: 30 Sep 2004

- AFMS at 90% up 3% from previous month
- 43 MTFs have met or exceeded metric
- 8 Outstanding Performers
  - Cannon AFB (ACC)
  - Davis Monthan AFB (ACC)
  - Minot AFB (ACC)
  - Offutt AFB (ACC)
  - Altus AFB (AETC)
  - Columbus AFB (AETC)
  - Luke AFB (AETC)
  - Travis AFB (AMC)
- All have met or exceeded the metric Oct 03 – Jun 04

Performance Thresholds: Sub Standard <85%; Marginal >= 85% & < 95%; Goal >= 95%.

Medical Records Available for Audit

Most Improved and Bottom Performers

Functional Owner: MSgt Jeff Kolesar; Data Consultant: MSgt Joann Milstead

Most Improved 5 (Jan 2004 - Jun 2004)

MTF	MAJCOM	Jan	Jun	Δ	Commander	Lessons Learned
YOKOTA	PACAF	55	100	**45**	Col Mark Presson	
BUCKLEY	AFSPC	54	87	**33**	Col Danny Seanger	
SHAW	ACC	68	91	**23**	Col Stephen J. Niles	
F.E. WARREN	AFSPC	64	87	**23**	Col Ronald Pearson	
GOODFELLOW	AETC	76	98	**22**	Col Gerard Caron	

Bottom 5 (Jun 2004)

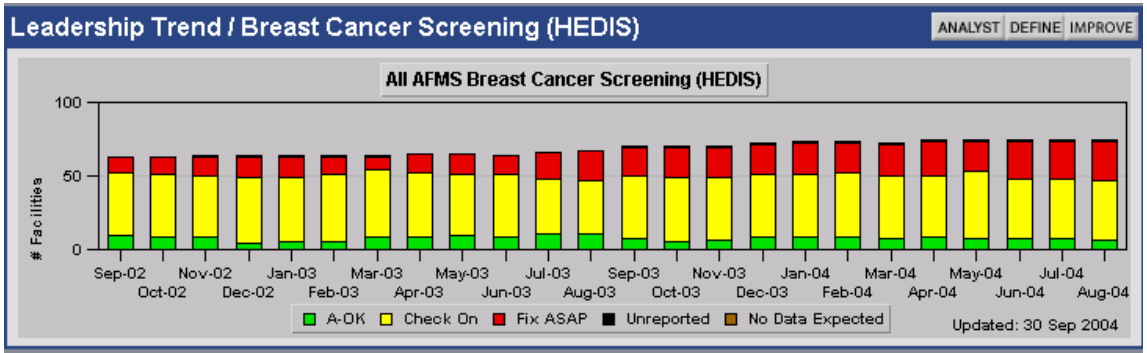
MTF	MAJCOM	Repeat	Apr	May	Jun	Commander	Action Plans
ANDREWS	AMC	6	74	71	**67**	BG William J. Germann	
KEESLER	AETC	1	89	73	**73**	Brig Gen David Young	
S JOHNSON	ACC	3	96	89	**73**	Col Donna Lake	
MCCONNELL	AMC	0	86	80	**75**	Col Lori Montgomery	
DYESS	ACC	1	82	92	**76**	Col Rich Trifilo	

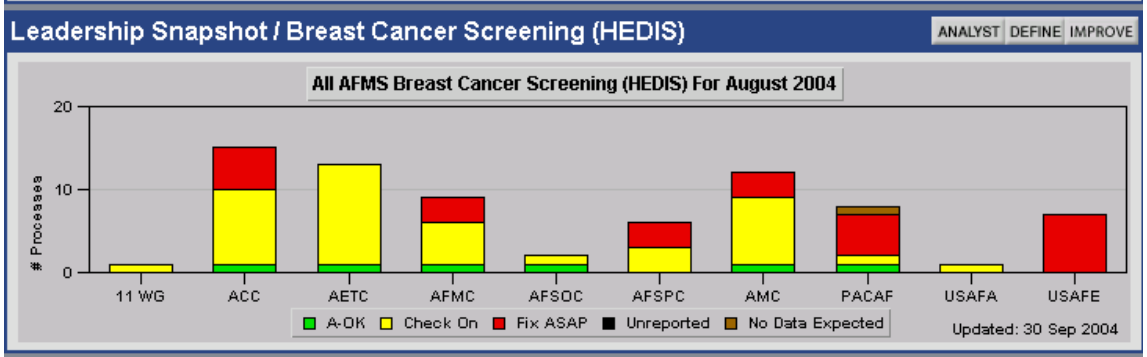
Performance Thresholds: Sub Standard <85%; Marginal >= 85% & < 95%; Goal >= 95%.

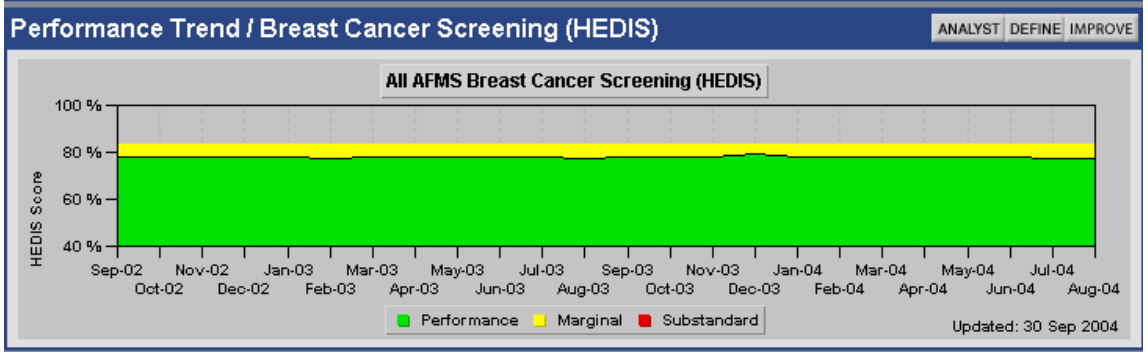
HEDIS – Breast Cancer

Functional Owner: Lt Col Chris Phillips
Data Consultant: Lt Col Chris Phillips

U.S. AIR FORCE


Leadership Trend / Breast Cancer Screening (HEDIS)
ANALYST DEFINE IMPROVE
All AFMS Breast Cancer Screening (HEDIS)
Facilities
100
50
0
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Leadership Snapshot / Breast Cancer Screening (HEDIS)
ANALYST DEFINE IMPROVE
All AFMS Breast Cancer Screening (HEDIS) For August 2004
Processes
20
10
0
11 WG ACC AETC AFMC AFSOC AFSPC AMC PACAF USAFA USAFE
A-OK Check On Fix ASAP Unreported No Data Expected
Updated: 30 Sep 2004


Performance Trend / Breast Cancer Screening (HEDIS)
ANALYST DEFINE IMPROVE
All AFMS Breast Cancer Screening (HEDIS)
HEDIS Score
100 %
80 %
60 %
40 %
Sep-02 Oct-02 Nov-02 Dec-02 Jan-03 Feb-03 Mar-03 Apr-03 May-03 Jun-03 Jul-03 Aug-03 Sep-03 Oct-03 Nov-03 Dec-03 Jan-04 Feb-04 Mar-04 Apr-04 May-04 Jun-04 Jul-04 Aug-04
Performance Marginal Substandard
Updated: 30 Sep 2004

Analyst's Comments

- 1 of 8 living to 85 will develop breast cancer.
- AFMS @ 77% or 64th percentile
- Kudos to McGuire with transition from yellow to green @ 85% now
- Top PCE: MacDill Patriot GP @ 94%
- Increased DOD/VA facility sharing w/out execution for routine and consistent data sharing a hindrance to overcome

Performance Thresholds: Sub Standard <75%; Marginal >= 75% & < 83%; Goal >= 83%.

HEDIS – Breast Cancer

Most Improved and Bottom Performers

U.S. AIR FORCE *Functional Owner: Lt Col Chris Phillips; Data Consultant: Lt Col Chris Phillips*

Most Improved 5 (Mar 2004 - Aug 2004)

MTF	MAJCOM	Mar	Aug	Δ	Commander	Lessons Learned
MCGUIRE	AMC	76.95	85.21	**8.26**	Col Rhonda Bridge	
EIELSON	PACAF	68.42	72.73	**4.31**	Col Michael Restey	
DYESS	ACC	70.64	73.98	**3.34**	Col Rich Trifilo	
GOODFELLOW	AETC	77.78	80.97	**3.19**	Col Mark Jun	No Lessons Learned Required.
F.E. WARREN	AFSPC	77.52	80.31	**2.78**	Col Matt Adkins	No Lessons Learned Required.

Bottom 5 (Aug 2004)

MTF	MAJCOM	Repeat	Jul	Aug	Commander	Action Plans
HOLLOMAN	ACC	8	67.84	66.47	**65.9**	Col Matt Adkins	
KIRTLAND	AFMC	1	72.5	71.56	**69.83**	Col Stuart R. Cowles	
CANNON	ACC	4	71.08	70.86	**70.63**	Col Delores Forrest	
GRAND FORKS	AMC	11	71.14	71.36	**71.77**	Col Robert Quinn	
ELLSWORTH	ACC	6	72.5	71.7	**71.9**	Col Ronald S. Lornir	

Performance Thresholds: Sub Standard <75%; Marginal >= 75% & < 83%; Goal >= 83%.

**Requires >= 5% relative change to be "Most Improved".*

AF/SG Review, Questions and Comments

- 11 WG
- ACC
- AETC
- AFMC
- AFSOC
- AFSPC
- AMC
- PACAF
- USAFA
- USAFE
- Others

UNITED STATES AIR FORCE
MEDICAL SERVICE

Headquarters U.S. Air Force

Integrity - Service - Excellence

2004 PIB
Configuration Control Plan

"Execution is the Chariot of Genius"
William Blake

U.S. AIR FORCE

F&FU 2004 Update

	*Due	Forum
Access to Care:		
✓ deleted Booked to Future graphs (Access to Care)	Jan	P2R2
PCM Schedule Availability (PCM-SA):		
✓ Changed Template Management name to PCM Schedule Availability	Jan	P2R2
✓ Push report to include PCM-SA, Access to Care, and Prime Containment (PCM-SA completed)	Sep	P.Rpt
PIMR, Fitness, and Dental		
Create and implement PIMR, Fitness, and Dental P2R2 views & reports addressing GSU's & ARC and various reporting requirements	**Sep**	P2R2
Fitness:		
✗ Populate Fitness metric with new data, when available	Aug	P2R2

*Due – reflects completion of Action Office's coordination of complete metric definition and routinized data flow to SGXI.

F&FU 2004 Update

	*Due	Forum
Prime Containment:		
✓ My Query – changed Prime Containment ranking equation to $leaked/Prime Enrollee	Jan	P2R2
✓ Add Purchased Care to Virtual Analyst public site	Jan	P2R2VA
✓ Add Inpatient breakouts to Prime Containment, excluding DME, etc.	Feb	P.Rpt
Accrual Fund:		
✓ Create Accrual Fund Push Report	Feb	P2R2
✓ Evaluate ways to address an Accrual Fund Metric	Feb	P2R2
Business Plans:		
✓ completed Push Rpt with market share spend line	Jan	P.Rpt
✓ Develop Virtual Analyst cube of market share P2R2VA		Feb

*Due – reflects completion of Action Office's coordination of complete metric definition and routinized data flow to SGXI.

F&FU 2004 Update

	*Due	Forum
ADM "Coding":		
✓ Updated definition of ADM Compliance	Jan	P2R2
✓ Added clinic rotation list to ADM Accuracy	Jan	P2R2
✓ Modify Coding Compliance to address ASD(HA) requirement of 3 business days for SADR (non-APV) encounters	Jan	P2R2
✓ Coding Compliance - Breakout APV encounters to address ASD(HA) 15-day requirement	Mar	P2R2
Address Inpatient Coding Accuracy (AFMSA/SGOZ must issue internal audit procedures)	**Aug**	P2R2VA
Third Party Collections:		
✗ Replace TPC with OHI compliance	TBD	P2R2VA
Medical Record Availability		
✓ Develop Medical Record Availability metric	Apr	P2R2VA

*Due – reflects completion of Action Office's coordination of complete metric definition and routinized data flow to SGXI.

F&FU 2004 Update

	*Due	Forum
PIMR:		
✓ Plan completed for PIMR display changes on P2R2 to address GSUs and guard/reserves	Jan	P2R2
✓ Add GSU bar to P2R2 with modified drill down to unit level; same GSU definition as before	Mar	P2R2
✓ Add Guard bar charts and trend charts on P2R2 (ANG)	Mar	P2R2
Add Reserve bar charts and trend charts on P2R2 (AFRC and ARPC)	**Mar**	P2R2
✓ Redesign Wing CC Push Report to include only units that fall under that Wing's chain of command	Mar	P2R2
✓ Create new MAJCOM Push Report; include all units within MAJCOMs chain of command	**Mar**	P2R2
✗ Add 6th Element "Medical Equipment" into score	Feb05	P2R2

*Due – reflects completion of Action Office's coordination of complete metric definition and routinized data flow to SGXI.

F&FU 2004 Update

HEDIS:	*Due	Forum
✓ Exclusion of MTF HEDIS measures when HEDIS denominator less than 30	Jan	P2R2
✓ Exclusion of OCONUS from Breast Cancer		Jan P2R2
✓ MTF Rankings ▪ Except for Eielson, Elmendorf and Hickam		
Alert for AO/MTF if Cervical CA Screening metric falls below threshold	**Jun**	P2R2

*Due – reflects completion of Action Office's coordination of complete metric definition and routinized data flow to SGXI.

F&FU 2004 Update

	*Due	Forum
Specialty Care Optimization:		
✓ Develop Specialty Care “Access” metric	Apr	P2R2
✓ Develop metric on SCO schedule availability		TBD
TBD		
Name changed to “Market Share Analysis”		
✗ **Dental**:		
Develop dental staff retention metric		May
✓ P2R2VA		
✓ Develop dental staff satisfaction metric	July	P2R2VA
Develop dental containment metric		May
P2R2VA		
Develop dental access metric	May	P2R2VA

*Due – reflects completion of Action Office’s coordination of complete metric definition and routinized data flow to SGXI.

F&FU 2004 Update

	*Due	Forum
Customer Satisfaction:		
✓ Stratify Enrollee Satisfaction by clinic P2R2VA		Jan
✓ Move current Enrollee Satisfaction metric on P2R2VA Virtual Analyst; “Overall Satisfaction” w/ MTF		Jan
Develop a new external Satisfaction metric P2R2 - Waiting on AFMS SDA implementation		**Jun**
Develop internal staff satisfaction metric	**TBD**	P2R2VA

*Due – reflects completion of Action Office’s coordination of complete metric definition and routinized data flow to SGXI.

F&FU 2004 Update

	*Due	Forum
Operation Readiness Metrics:		
Develop Deployment Health Surveillance metric	**Apr**	P2R2VA
Develop Post Deployment Serum Sample metric	**Apr**	P2R2VA
Primary Care Element:		
Modify all metrics that can be to reflect PCE level of detail	**Apr**	All
JCAHO:		
Develop JCAHO Push Report for MTFs	Apr	All

*Due – reflects completion of Action Office's coordination of complete metric definition and routinized data flow to SGXI.

F&FU 2004 Update

Due

- **PIB**:
  - Created new schedule for 2004 using all F&FU inputs — Jan
  - Created monthly calendar maximizing time — Jan

    for MAJCOM inputs

Headquarters U.S. Air Force

Integrity - Service - Excellence

2004 Focus and Follow-up Update

"Execution is the Chariot of Genius"
William Blake

U.S. AIR FORCE

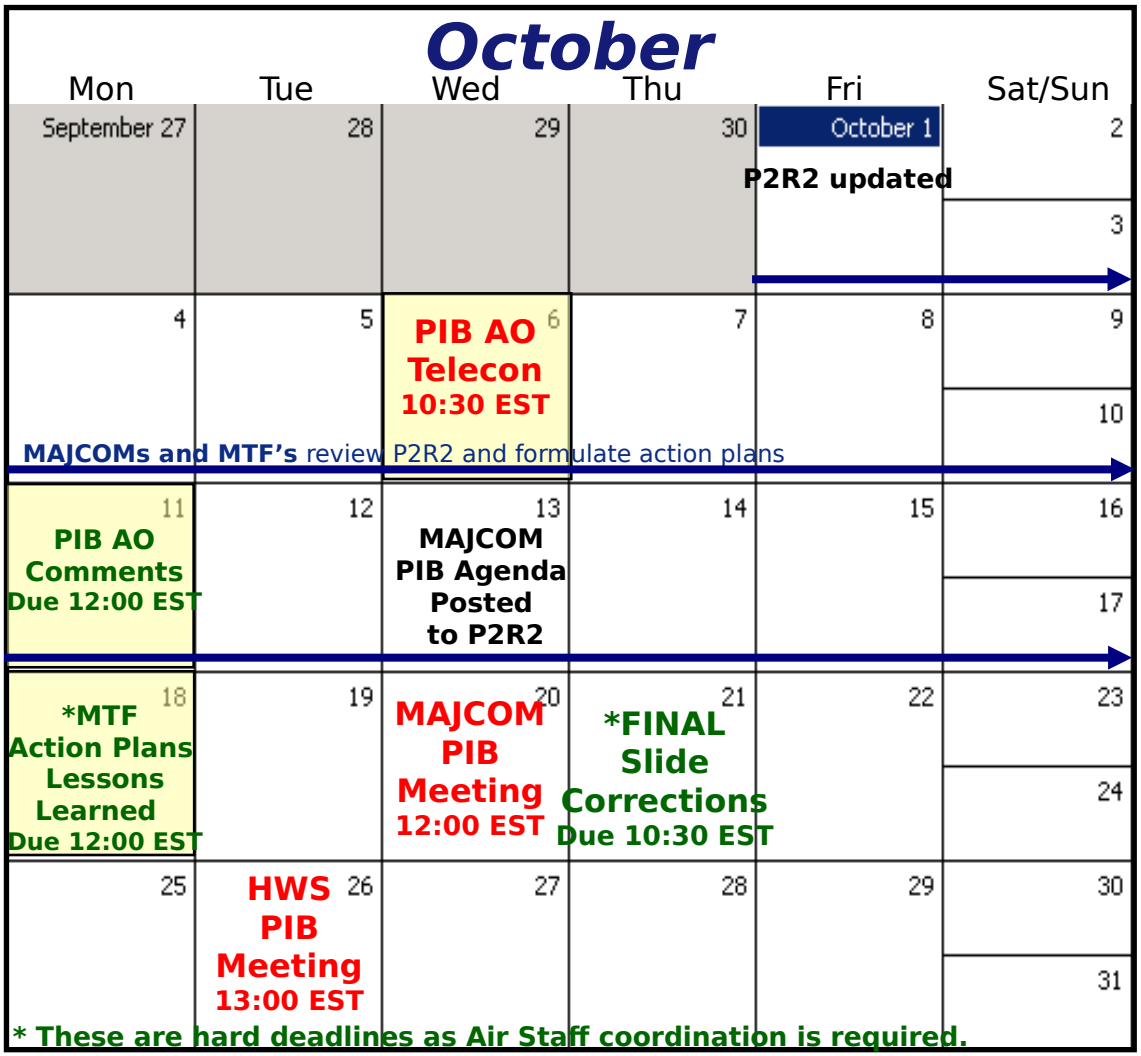
Focus & Follow-Up Updates

☑ Aug 2	- Solicited Ideas for 2004 Focus and Follow-up
☑ Sept 13	- Registration Website Activated
☑ Sept 13	- Invites Sent to MAJCOMs and Presenters along with Draft Agenda
☑ Sept 16	- F&FU Agenda Presenters tasked for slides
☑ Oct 5	- Focus and Follow-up (F&FU) Agenda Briefed to and approved by Lt Gen Taylor
☑ Oct	- F&FU Presentations being reviewed by Gen (S) Rank
☑ 15+	- Hotel Government Rate Deadline
☐ Oct 22	- F&FU Briefings Finalized
☐ Oct 29	- F&FU Meeting Dates
Nov 8-10	

Focus & Follow-Up Information

- **Attendees must register at:**
  https://afmsdatamart.ha.osd.mil/registration/
- **Focus and Follow-up Site**
  - **The ANSER Center**
    900 South Quincy Street, Ste 800
    Arlington, VA 22206
  - **Registration required to access ANSER Center**
  - **Conference Parking only on top 2 decks**
- **Hotel: Sheraton National Hotel**
  - **Call 800.325.3535 for Reservations**
  - **give the CODE: USAFI or FOCUS & FOLLOW UP MEETING**
  - **Government Rate ends 22 Oct 04**
- **For Detailed Information (i.e. directions, etc.)**
  - **Go to: https://kx.afms.mil/hmid**
  - **Click on the Focus and Follow-up Icon**

Standard PIB Calendar

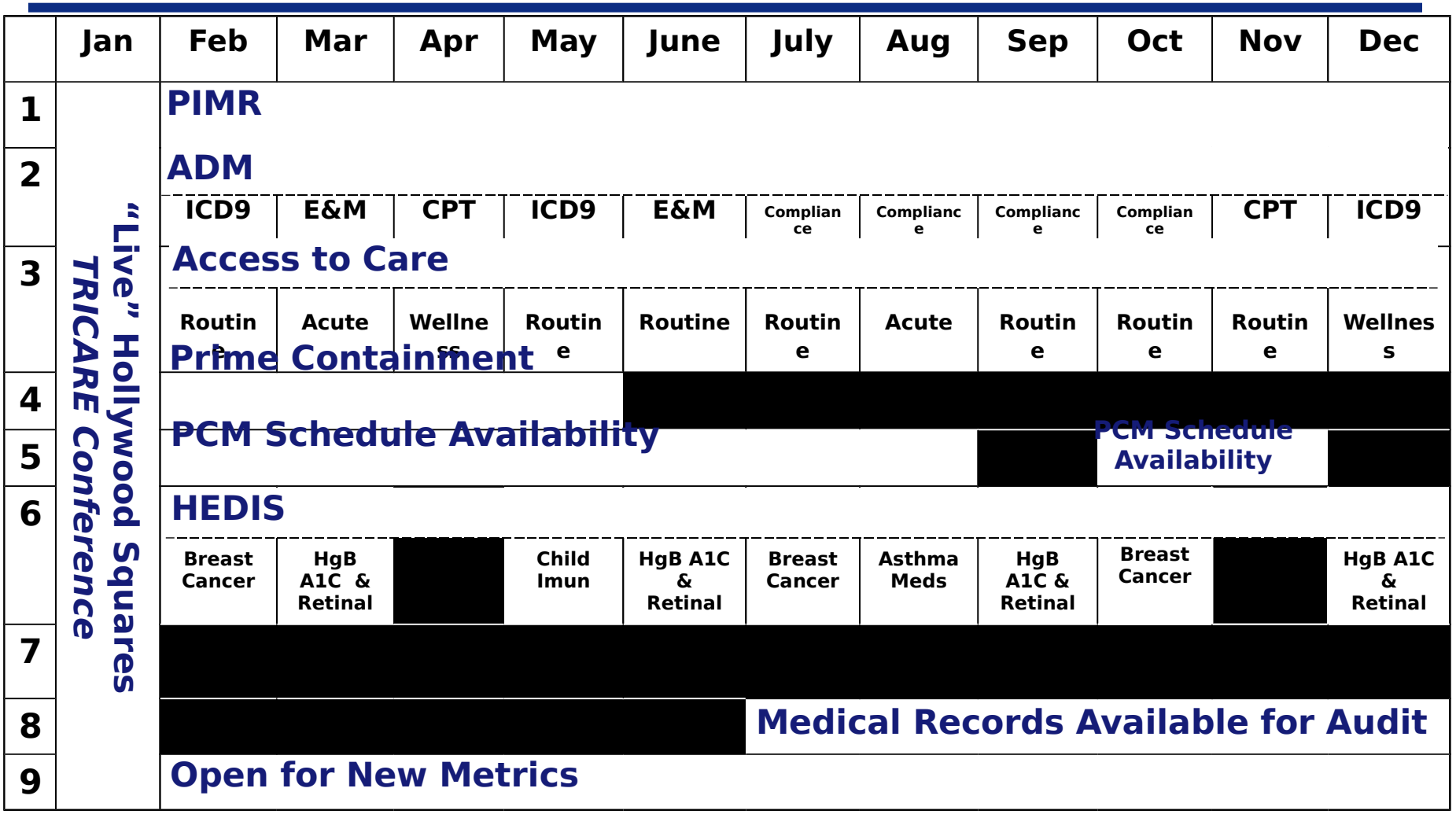


PIB Timeline

- **First Day**
  - P2R2 Updated
- **First Wednesday - 10:30 EST**
  - PIB AO Meeting - Telecon
- **Mon prior to 2nd Wed - 12:00 EST**
  - PIB AO Comment Slides Due
- **Second Wednesday**
  - PIB Agenda posted to P2R2
- **Mon prior to 3rd Wed - 12:00 EST**
  - MTF AP/LL Slides Due
- **Third Wednesday - 12:00**
  - MAJCOM PIB Meeting/VTC
- **Day after MAJCOM PIB - 10:30**
  - All slide Corrections Due
- **Fourth Tuesday - 13:00**
  - Hollywood Squares PIB Meeting/VTC

PIB Agenda Metrics

2004 Calendar



*Access to Care – "Specialty" metric will be developed and coordinated through the specialty care community.

PIMR
Lessons Learned
Pentagon – 11 WG

- Continued team approach with Bolling Clinic, Pentagon Flt Med, DiLorenzo Clinic
- Focus on 3,900+ AD at Pentagon/surrounding areas
  - DiLorenzo Clinic
    - PIMR status evals at every encounter
  - Pentagon Flt Med Clinic
    - PIMR evals during in-processing & security/overseas clearances
    - PIMR status evals during every encounter
- Contacted personnel—obtained/updated immunization info (up 10% between Jul and Aug)

PIMR
Lessons Learned
Moody AFB – AFSOC

- **Additional manning assigned to one-deep immunizations clinic and expanded hours to allow wing personnel easier access; advertised new clinic hours through Wing/Group/Sq/CCs**
- **Installed PIMR at all point of service locations**
- **Lab on board for data entry in PIMR; created CHCS adhoc to pull results to ensure IMR accuracies**
- **Family Practice PHA technicians conducted exhaustive initial review of charts and compared against PIMR/IMR deficiency lists**
- **Expanded MDG PHA Coordinator duties to include IMR correspondence with Unit Deployment Managers**
- **One Big MDG Happy Family! Improved team work and ownership across squadrons and functional areas**

PIMR
Lessons Learned
Columbus – AETC

- Key personnel: Wing/CC, Sq/CC, and Shirt involvement is essential
- Must use a variety of venues for communication
  - One POC (Force Health Management), keeps the program on-line
  - Web-based intranet with near “real-time” listing of all due PHA, Dental, and Immunizations. List include overdue, due this month, due next two months
  - Squadron health monitors have all information needed to plan 2-3 months out
- PIMR data must be kept up-to-date
  - We must monitor the process and notify squadrons quickly when a dip in performance noted
- Cooperation and teamwork is critical
  - Monthly meetings with key areas (force health management, squadron health monitors and dental/medical staff)
  - Sq/CC and Shirt involved one-on-one with MDOS/CC

PIMR
Lessons Learned
McChord – AMC

- Wing level emphasis & support
- Team approach utilized all stakeholders involved
- Identify problem areas
- Short term
  - Reviewed med records/PIMR data entry from all personnel
    - Backlog PHAs performed during wing wide exercise
- Long Term – sustainment
  - Leadership oversight at multiple levels
  - PIMR at every encounter
    - Prompts on computer at start-up
  - Utilizing Medical Right Start
  - POS immunization
  - Wing Accountability

PIMR Lessons Learned Hill - AFMC

- No AFCITA *Next Due Immunizations Reports* being sent out
  - Initiated reports to be sent out weekly initially, now every 2 weeks
- Aggressive Anthrax follow-up
  - Reports sent to UDMs every 2 weeks by Public Health (PH) Officer
- Lack of AFCITA privileges for Public Health Technicians
  - Upon PHO arrival, no PH techs had access to AFCITA
  - PHO trained PH personnel on the many uses of AFCITA
  - AFCITA now heavily used by PH staff
- PIMR not being used effectively
  - PHO trained PH personnel on PIMR
  - Unit Commander involvement stressed
  - PIMR checks at every pt encounter stressed, as well as vigilant efforts at all Base Newcomers In-processing events
- Improvements lead to 10% increase; all time high PIMR rate of 83.3%!
  - Joint efforts from Dental, Lab, Immunizations, Family Practice, Flight Medicine and Public Health made our complete success!

PIMR Action Plan Pentagon – 11 WG

- **Reason:**
  - Pentagon manned with 1 AF Provider in DTHC, 1 total FSO team in Pent Flt Med
  - DTHC focused on triservice support for 9,000 AF, Army, Navy troops
  - DTHC only focused on PHAs beginning in Jun 04
  - Approximately 1,000 enrolled to non-military PCMs
- **Improvement Plan:**
  - Perform DTHC IMR (PHA, Lab, Immun) Clinic 30 Aug – 3 Sep
  - Identify/engage commanders/directors for Pentagon units
  - Identify/determine plan for members enrolled to non-military sites
  - Identify/contact members in Pentagon PIMR enrolled to Bolling Clinic
  - Get Well Date: Jun 05

PIMR Action Plan
Travis – AMC

- **Reason:**

  IMR dropped to 73%

  - Significant number of personnel overdue for immunization at the same time (Due to Mass shot lines last year)

- **Action Plan:**

  - AMDS/CC briefs/shows PIMR stats monthly at Wing Standup
  - Continue email monthly reports to UDMs/UHMs/CC
  - Monthly PIMR Working group

- **Get Well Date:** Oct 2004 We are currently at 75%

PIMR Action Plan
Lackland - AETC

- PIMR Goal Obtained !
- PIMR rate 75.5% as of 30 Sep 04
- Potential problems that will affect upcoming PIMR rate:
  - New Smallpox and Anthrax completion program
  - Upcoming influenza season

- Action Plan:
  - Continue current plan
  - FHM working w/UDM/GDM to ensure MILMOD data is consistent with PIMR data
  - PIMR review conducted in conjunction with 37 TRW & 59 MDW in-house DEPLOYEXs
  - Link PIMR review with “initial & semi-annual readiness records review”
  - Work with Immunizations to ensure units notified of personnel needing Anthrax and influenza shots

PIMR Action Plan ROBINS - AFMC

- **Reason:**
  - Large number of broken dental appointments (>200)
  - Inefficient AFDRAP (periodic dental exam) Program
  - Non-compliance with immunization requirements by AD
- **Action Plan:**
  - Briefed 78 ABW/CC PIMR status, issues, plans
    - Test with 78 ABW raised PIMR from 72% to 82% in two weeks
    - Robins PIMR rate 76.79 as of 8 Oct 04
    - Emphasis on 116th (Blended AD/ANG/AFR) raised PIMR from 64% to 71% in two weeks
  - AFDRAP management decentralized to DCO teams
  - Commander support to reduce broken dental appointments
  - Dental readiness increased from 86% (Jun) to 93.5% (Oct)
- **Get Well Date: December 04**

ADM Coding Compliance

ADM Coding Compliance Lessons Learned

YOKOTA - PACAF

- **Action Plan:**
  - Coding Auditor working with providers to increase knowledge of coding
  - 3M (contracted by PACAF) conducted training 2-3 Aug/9-10 Aug 04 and 16-17 Sep/20-21 Sep 04 for both inpatient and outpatient
  - Coding Auditor distributes guidance at Professional Staff Meeting to ensure all providers are aware of “frequent coding mistakes”
  - GPM briefs Data Quality at monthly Executive Steering Committee meeting for oversight
    - Coding Auditor conducts one-on-one training of sections “in review month”
    - All clinic providers to receive initial then semi-formal reviews of their clinics’ Superbills, SF 600s, by Coding Auditor
- **Get Well Date: Ongoing**

ADM Coding Compliance Action Plan
HURLBURT FIELD - AFSOC

- **Opportunity: Increase ADM Coding Compliance**
  - Causes:
    - 1 Aug--Primary Care/FSO relocated to new Clinic
      - Multiple coding processes disrupted
    - Coding data entry clerk unavailable for 1 week--no backup

- **Action Plan:**
  - GPM monitor/manage overdue coding list daily--ensure completion
  - Established new process to transfer records to coders
  - Assigned backup data entry clerk
  - Define PCE leader coding responsibilities
  - Provider-level tracking/feedback via Pro Staff and weekly push reports

Get Well Date: 1 Dec

ADM Coding Compliance Action Plan Eglin - AFMC

- **Reason:**
  - **Vacant Level-2 Coder position**
  - **New coders not fully trained**
  - **Not all clinics dictate reports**

- **Action Plan:**
  - **Actively hiring for vacant L-2 position 5 Level-1 coders were hired in Sep 04.; training is still on-going**
  - **Coding for Optometry, Neurology, Pediatrics, Dermatology, and Flight Medicine all undertaken**
    - **Audiology and Oncology due to start 1 Nov; Mental Health slated to begin as well, no start date**

- **Get Well Date:** ***Dec 2004***

ADM Coding Compliance Action Plan

Peterson AFB - AFSPC

- **Reason: Gap in coding presence at 21 MDG and significant provider staff turnover this summer hindered coding training & execution. Resulted in coding backlog and poor process discipline in many clinics.**

- **Action plan: Data Quality Function addressed the issue and implemented a formal policy letter via the 21 MDG/CC in late Aug 04. Continued emphasis via local daily/weekly metrics with individual clinics has been implemented in Oct 04 to help enforce standards.**
  - **Coder in place since Jul 04 and formally training clinic staff since Sep 04.**

- **Get well date: Oct 04**

ADM Coding Compliance Action Plan
Fairchild – AMC

- **Reason:**
  - **Backlog of 200+ records in August caused drop in ADM**
  - **Lack of record tracking allowed backlog to go undetected**
  - **EOD/coding not completed on missing records**

- **Actions:**
  - **Enhanced record tracking; record hand-off directly from provider to admin staff – no holding on to records**
  - **Purchased 12 bar-code scanners to enhance tracking**
  - **Admin staff QC all records to assure coding/EOD complete**

ADM Coding Compliance Action Plan
KADENA-PACAF

- **Reason in Yellow (91% Aug 04 P2R2 Data)**
  - **Nursing personnel did not change 372 TCons to non-count resulting in 0% completion for those visits**
  - **Daily ADS monitoring was not done as anticipated**

- **Action Plan:**
  - **GPM will provide oversight to daily ADS monitoring**
  - **All clinic profiles in CHCS have been changed to non-count visits for TCons**

- **Get Well Date: December 04 (October P2R2 data)**

POC: Capt Bailey

Access to Care - Routine

Access to Care - Routine
Lessons Learned
Mountain Home AFB – ACC

- **Lesson 1: Aggressive template management, improved TDY/leave schedule coordination, and implementation of Open Access increased productivity 18%**
  - **Reduced appointment types to two – OPAC and EST**

Access to Care - Routine
Lessons Learned
Grand Forks – AMC

- **Changed appointing methodology to Open Access for FMC**
  - **Increased appointment supply to meet demand**
    - **23% Increase from Aug 03 to Aug 04**
  - **Wait times by appointment type**
    - **Routine = 3.85 days (9% decrease—Aug 03 v. Aug 04)**
    - **Acute = .18 days (25% decrease—Aug 03 v. Aug 04)**
    - **Wellness = 12.43 days**
    - **Future = 12.76 days**

Note: Future is reserved for < 2 y/o Well & Disease Management

Note: TSC call volume increased 13% (Aug 03 v. Aug 04)

Strictly Voluntary - Created on

As of:

Access to Care - Routine
Lessons Learned
Vandenberg - AFSPC

Specific Improvement Identified:

- Raised Routine Access from 74.47% in Mar 04 to 96.83 % in Aug 04

Actions Contributing to Improvement:

- Constant aggressive template management
  - **Designed/implemented local database to see real time access metrics**
    - **Metric graph posted in the clinic**
    - **Real time rate briefed to clinic and executive staff daily to track progress**
  - **GPM, SAIC site manager & clinic(s) must have daily oversight of templates & schedules**
  - **Established business rules to improve access**
    - **Actively managed staff leave & limited manipulation of schedules/templates**
- Training/Monitoring
  - **Retrained nurses, 4A's and 4N's in correct appointing procedures—100% completion of APSIII training followed by one-on-one training**
  - **Provided immediate feedback to clinic staff to reward compliance or correct errors**
    - **Based on CHCS booking practices report; initially run daily, now run weekly**
- Implementation of APS III in last 6 months
  - **APS III limited deviation from the access standards**
  - **Improved control of appointment types through CHCS management tools**

Access to Care - Routine
Lessons Learned
Moody AFB – AFSOC

- **Expanded Open Access booking methodology across remaining 3 PCM teams in Family Practice Clinic and introduced into Pediatrics Clinic 1 Jun 04**
- **Appointment Standardization III implementation in last 6 months; improved booking procedures and eliminated appointment mismatches**
- **Training, training, training….continuous interaction and education with clinical staff on use of standard appointment types and access standards**

Access to Care - Routine Lessons Learned Barksdale AFB – ACC

- **Lesson 1: Incorrect usage of APS III resulted in improper booking procedures**

  Established initial orientation and refresher training for personnel booking appointments

Access to Care - Routine Action Plan
BUCKLEY - AFSPC

- **Reason in Red**
  - **One appointment clerk booked 2 out of standard primary care routine appointments out of 4 total routine appts resulting in the 50% outside of Access to Care (ATC) – Routine standard.**
  - **Open Access is policy, the appointer actually created the routine appts instead of using future book ATC and the EST appt type for good back log patients**
- **Action Plan**
  - **As of 5 Aug 04, all appointment clerks were trained on proper booking procedures. An internal "ATC-Routine Violators" ad hoc audit was conducted during Sep with no discrepancies detected. Will continue to track.**
- **Get well date**
  30 Sep 04

Access to Care – Routine Action Plan

Scott - AMC

- **Reason:**
  - **Acute & Wellness (school physicals) appt types were priority during Aug 04 (fewer routine appts available)**
- **Action Plan:**
  - **All in-bound Primary Care/Peds providers now on-board**
  - **PCM templates revised for Oct 04**
    - **Working group established, templates adjusted to add more Routine appts to PCM schedules**
  - **Revisiting Clinic business practices to increase provider appointment availability (multi-disciplinary working group)**
  - **Consolidating appointment function for PCC, IMC, and Peds**
    - **Establishing protocols and training for appointment clerks**
    - **Projected implementation by end of Oct 04**
  - **Internal Sep 04 numbers show routine ATC at ~ 73%**
  - **Current Oct 04 numbers show routine ATC at ~ 83%**

As of:

Access to Care - Routine Action Plan Dyess AFB – ACC

- **Reason in Red:**
  - Incorrect booking with Open Access model
    - Appointment clerks inappropriately performed routine searches

- **Action Plan:**
  - Train all appointing clerks to not use the “Routine” search function

- **Get Well Date:** Nov 04

Access to Care - Routine Action Plan
Seymour Johnson AFB – ACC

- **Reason in Red:**
  - Incorrect Access to Care (ATC) category search
    - Using “FUTURE” ATC category incorrectly to book appts skewed data
      - Initially addressed late May but some residual non-compliance continues
  - 2 PCM providers deployed decreased Routine Access
- **Action Plan:**
  - GPM monitoring/reporting non compliance to PCE leaders and Flt/CCs
  - New templates began 1 Oct 04 and will provide more appointments for appropriate access
  - On going staff education regarding appropriate booking procedures
- **Get Well Date:** December 2004

Access to Care – Routine Action Plan Nellis AFB – ACC

- **Reason in Red:**
  - Staffing issues
    - Deployment accentuated summer “underlap” loss of >100 appts/day
    - Mitigated by aggressive template management
  - Placed priority on ACUT access, ROUT access affected
    - AUG 04: 94% ACUT access and 75% ROUT access
  - FP “clinic-level” Rou access Green-but under new “PCE-level” rou access metric, FP is “Red” due to excessive cross-booking

- **Action Plan:**
  - GPM’s adjusted templates to limit unbooked rate and increased ROUT appointments
  - Review of no-show rate underway to reduce lost appointments
  - Adjusting FP PCE structure to teams of five PCMs instead of four
  - Training PCE leaders to manage absences/optimize schedule availability

PCM Schedule Availability

PCM Schedule Availability Lessons Learned Shaw AFB – ACC

- **Lesson 1: OPAC appointments opened, placed in frozen status and opened 24 hours prior to appointments. This process made OPAC appointments visible for metric**

- **Lesson 2: PCM Schedule Availability Report reported time for only 3 out of 11 providers; now 8 of 11 providers reported**
  - **Accuracy of CHCS Provider File and Tables Verified**
  - **Working with SGZI to reconcile delta**

PCM Schedule Availability Lessons Learned
Vandenberg – AFSPC

Specific Improvement Identified:

- Raised PCM availability from 48.65 % in Mar 04 to 94.31 % in Aug 04

Actions Contributing to Improvement:

- New leave/TDY policy to never go below 4 providers in the family practice clinic
- Schedules are being reviewed by GPM, Flight CC, PCE and MDOS Squadron CC 45 days out and dropped no later than the first week of every month prior (example; November Schedule was dropped the first week of October)
- Daily check of templates/schedules by Flight CC, PCE,Template Manager and GPM; looking for any deviations from the planning period (the prior month)
  - Daily using an adhoc report from CHCS to monitor metric
    - local data base shows the minutes in clinic by provider, cumulative minutes for PCM's, and shows the projected PCM availability daily

PCM Schedule Availability
Lessons Learned
Seymour Johnson AFB – ACC

- **Template Management**
  - **Minimized provider additional duties to increase availability**
  - **GPM managed availability of PCMs**

PCM Schedule Availability Lessons Learned Edwards - AFMC

- **Implemented Action Plan**

- **Templates adjusted daily**
  - **Ensured templates had correct mix of appointment types**
- **Revamped provider schedule rules of engagement**
  - **Only one provider absent at a time**
  - **Case by case approval for one or two day overlap**
  - **Schedule changes must be requested at least one week prior to request. Approval from: Flight CC, Element Leader, and GPM (enlisted include NCOIC)**
- **100% provider buy-in to support their peers**
  - **Providers cover each other during gaps**

- **Lesson 1: Template management**
  - **Appt made visible for counting in metric by opening, freezing, and then releasing day before the appt**
  - **Previously appts were kept in "held" status and released day before appt**
    - **Appt not visible in system for metric to capture**
    - **Consequence – PCM time in clinic counted available**

PCM Schedule Availability Action Plan
Osan – PACAF

- **Reason:**
  - **Outdated provider profiles in CHCS showed 9 available PCMs**
  - **Only 2 providers actually available due to staffing underlap**
    - **Disconnect due to DEERS, DOES & CHCS disconnects**
  - **3 providers awaiting credentials (available starting 6 Aug 04)**
  - **Patients seen by other providers within MTF**

- **Action Plan:**
  - **Open providers schedules a minimum of 10 days in advance**
  - **Cleanup provider profiles**
  - **Submit “help ticket” to MHS for system breakdown**

PCM Schedule Availability Action Plan
Travis - AMC

- **Reason: Provider count in GME setting**
  - **Residents are counted as PCMs within CHCS in order to enroll patient panels**
  - **Staff physicians and residents are part-time and do not equate to a full FTE**
- **Primary Care Clinic (non-GME): 96.81% for Aug**

- **Action Plan:**
  - **All GME clinics currently implementing proposed CHCS corrections for identifying staff faculty (Staff/Faculty) & residents**

- **Get Well Date: Jan 2005**
  - **Expect “corrected” metrics, Nov data pull**

PCM Schedule Availability Action Plan

Peterson AFB - AFSPC

- **Reason:**
  - **Data pulled only counts 1 of every 2 "wave" appts scheduled (2 appts 15 min long scheduled on the hour and 2 scheduled at 30 min past the hour)**
    - **MTF has been using this method of scheduling since Oct 03 and experienced a dramatic drop in this metric beginning in Mar 04 and went red in Apr 04**
    - **Metric Owner reports method of data pull changed in Mar 04**
  - **Actual schedule data reflected 33842 minutes of appt time available during this time for 11 providers or a PCM SA equal to 85.46**
- **Action plan:**
  - **Currently studying best template changes that would better capture data and best serve population. Changes would be effective in Jan 05**
  - **Ensure provider schedules are open 30 days**
    - **Pediatric Clinic opens "weekly" rolling template**
    - **FPC will begin opening 30-60 days at a time—Nov 1st will open Dec templates; Dec 1st will open Jan templates; etc.**
- **Get well date: Jan 05**

PCM Schedule Availability Action Plan
Lackland – AETC

- Reason:
  - GME: Residents/House Staff not identified properly in CHCS, cause inflated # of providers (should not be part of formula)
  - Scheduling: “Wave” methodology doesn’t reflect accurately in metric
  - Templates: Used “Hold” status on appts. – not recognized by metric
  - “PCMs”: Part-time (2-3 days/wk) resource sharing providers dilute the metric; CHCS classified as full-time if in clinic any of 14 days
- Action Plan:
  - GME: Completed CHCS fix (in Sep 04) to accurately reflect Residents & House Staff (est. reflect on P2R2 in Nov 04)
  - Scheduling: Adjusted “wave” to reflect in metric
  - Templates: Slots changed to “open/booked/frozen”, stopped “hold”
  - “PCMs”: Push report unable to exclude “PCMs” w/ enrollment > 0 (i.e., .5 FTE) must be manually calculated for As of:

PCM Schedule Availability Action Plan Robins - AFMC

- **Reason:**
  - Low % mostly attributable to design of provider templates
    - ~ 33% (or ~1200 minutes) not counted in PCMSA numerator
  - No appts created from 0730 – 0945 during Sick Call

- **Action Plan:**
  - Template designs modified; appts now begin at 0815
  - Sick Call now booked through “Unscheduled Visit | Sick Call”
  - Access Management WG examining templates to improve efficiency

- **Get Well Date:** Dec 04

Medical Records Available for Audit

Medical Records Available for Audit
Lessons Learned
YOKOTA - PACAF

- 100% availability for Aug 04 audit (standard is 95%)
  - GPM and Coding Auditor reporting availability during Exec Staff Meetings; high visibility/importance in MTF
  - SGH briefs at Professional Staff
  - Newly appointed NCOIC, Primary Care, requiring strict records control and timely filing of encounter documentation
    - Incorporating all 4A0s within MTF for timely completion

- **Action Plan:**
  - Conducted 100% inventory of outpatient records
    - Records checked into appropriate room via CHCS (Ped/FM/FP)
  - Records purged once a month
  - AFI 41-210 strictly enforced; no hand-carry policy in place
    - Copies of pertinent medical info given to patients for external referrals
  - Accountability conducted EOD Fridays, to retrieve records from all internal MTF clinics; Specialty 4A0s required to conduct timely return of records

Medical Records Available for Audit Lessons Learned Buckley – AFSPC

- Enforced “No-Hands-On” Health Records policy
- Limited access to medical records room to authorized personnel only
- Trained staff on ensuring a record is available for every visit
- Printed AF 250 Charge Out with every record request when appointments were booked
- Instituted “Medical Right Start.” MTF receives newcomers’ records immediately rather than routing to MPF or units’ CSS
- Distributed a “Medical Records Must Be Kept At Your MTF” brochure to educate our enrolled population

Medical Records Available for Audit
Lessons Learned
Shaw AFB – ACC

- **Lesson 1: Reconsolidation of records from two teams to one reduced the number of records that were misfiled and decreased the number of lost records**

- **Lesson 2: Diligent team effort from both Records Room personnel and PCM teams ensured that records were returned to the Records Room in a timely manner**

Medical Records Available for Audit
Lessons Learned
F. E. Warren – AFSPC

- Implemented weekly manual checks for record availability
- Run monthly 30-day charge out report at beginning of every month to reconcile any records charged out for > 30 days
- Continued education with providers by Coding Auditor on completing documentation and returning record within 3 days to records room

Medical Records Available for Audit
Lessons Learned
Goodfellow – AETC

- **Increased communication (oral and written) between the auditor and staff**
- **Consistent use of appointment pull lists improved medical record availability for daily appointments ensuring documentation available during audits**
- **Proper use of Medical Records Tracking (MRT) system sped up the retrieval of medical records (i.e. able to locate charged out record for auditor)**
- **Auditor's pull list, separated by different clinics, helped speed up process to locate the records**
- **CHCS II has improved documentation availability in medical records**
- **TEAMWORK - Auditor has our back!**

Medical Records Available for Audit Action Plan

Andrews – AMC

- **Reason:**
  - **Accountability and Availability processes are incomplete**
    - **No effective system for accountability of records among the 89 MDG specialty/primary care clinics**
    - **Record room audits not performed; records not aligned with enrolled clinic**

- **Action Taken:**
  - **Closed Medical Records System implemented 30 August 2004**
    - **100% Outpatient record audit complete;**
    - **Sorted, filed, labeled and mailed out over 4,000 records**
    - **89th Medical Group Policy established and implemented for custody and control of medical records 30 August 04**
    - **Marketed to staff and enrollees; informed**

Medical Records Available for Audit Action Plan

Keesler – AETC

- **Reason:**
  - **Clinics not fully trained on new records tracking process**
  - **Clinics keeping records longer than necessary**

- **Action Plan:**
  - **Train clinics and coders on the use of newly installed bar code scanners for records tracking**
  - **Created an overdue records ad hoc in Sep and Oct 04 to actively seek out records not returned in a timely manner**
  - **Overdue record lists will be given to the Executive Leadership Team for action**

- **Get Well Date: Nov 04**

Medical Records Availability for Audit Action Plan Seymour Johnson AFB – ACC

- **Reason in Red:**
  - Appointment documentation not filed into the appropriate medical record within 72 hours

- **Action Plan:**
  - Train all PCE team members to file patient documentation into the appropriate medical record within 72 hours
  - Emphasize the importance of having all patient documentation available in the medical record
  - Educated PCE team members that continuity of care depends on timeliness of filing all patient documentation

- **Get Well Date:** December 2004

Medical Records Available for Audit
Action Plan
McConnell - AMC

- **Reason:**
  - **Medical Records section did not return DD Forms 250, Request for Medical Record, to the Coders when a record could not be found due to charge out.**
  - **So, Coders had to count all records not produced for audit as unavailable, even if they were merely charged out to a clinic or a provider.**

- **Action Plan:**
  - **The NCOIC of Medical Records has instructed his subordinates to return the DD Form 250s to the Coders with an annotation of "Charged Out" when a medical record is not on file due to being charged out .**
  - **This should bring the score back into the acceptable range.**

Medical Records Available for Audit Action Plan Dyess AFB – ACC

- **Reason in Red:**
  - Records sequestered for ORI
    - Auditor inappropriately determined records unavailable
- **Action Plan:**
  - Educated auditor on records accountability/availability standards
    - Any questions on guidance by auditor to be coordinated with TOPA Flight leadership
- **Get Well Date:** Nov 04

HEDIS – Breast Cancer Screening

HEDIS - Breast Cancer Screening
Lessons Learned
McGuire – AMC

- **Metrics improved 68 to 85% between Oct 03 – Aug 04**
- **Coordinated <u>same day</u> appt w/GYN/FPC and Radiology**
- **Telephone contact/attempts made to 200+ patients**
  - HCI/Contractor/Red Cross volunteer placed calls
- **HCO Team contact 1-3 months prior to due date**
  - Appointment receive same day mammography
- **Designed database for COTR to remove pts**
  - **Utilized by nurses attempting to contact pts that are now out of area**
- **Faxed network reports to AFMISA upon receipt**

HEDIS - Breast Cancer Screening
Lessons Learned
Eielson – PACAF

- Reason in Red 72%
  - Beneficiaries Unwilling or Receive Care Elsewhere
  - PHSD Portal Shows 72 Women in Target Age Group
    - Of those not current:
      - 2 have had mammogram, not in system (2.8%)
      - 4 receive care outside our facility (5.5%)
      - 4 had PCM breast exam/mammo ordered in Aug (5.5%)
- Action Plan
  - All beneficiaries are being personally contacted/counseled
- Get Well Date: Oct 04 (seen in Dec 04's P2R2)

HEDIS - Breast Cancer Screening
Lessons Learned
Dyess AFB – ACC

- **Historical influence on current breast cancer screening rates**
  - Loss of in-house mammography May 2002—resultant loss of central tracking
  - Personnel changes in Women's Health and monthly OREs, Sep 03 to Jun 04, limited access
  - Increased dependence on community referrals for breast cancer screening

- **Reasons for Improvement**:
  - Increased patient awareness of need to screen
  - Increased appointments in template for access
  - In-house centralized tracking of completed mammograms

- **Way Ahead:**
  - Increase awareness: Facility-wide placement of education material in high traffic areas
  - Promotion campaigns—speakers at "women-centric" events and newspaper articles
  - Focused promotion education at patient visit
  - Reminder letters to women overdue
  - Increase access through more visits in template
  - Checking M2 data for mammograms paid for in community

- Expectation--projected 3% quarterly increase for get well date of 1st to 2nd Qtr CY 05

HEDIS - Breast Cancer Screening Action Plan Holloman AFB – ACC

- **Reason in Red:**
  - No mammogram capability in the MTF
  - Local MTF statistics indicate currency at 71%
  - No access to M2 data to validate mammograms obtained without a referral
  - 284 women have not had an exam in the past two years

- **Action Plan:**
  - PCM teams to continue to contact identified patients overdue for mammography as well as those with mammogram referrals in system (ECD: 30 Oct 04, Goal: 100% contact)
  - PCM nurse will re-contact those who are not interested in having mammography for further education (ECD: 30 Oct 04)

- **Get Well Date:** Anticipate incremental improvement in the next 3 months

HEDIS - Breast Cancer Screening Action Plan Kirtland - AFMC

- **Reason:**
  - 39% (242 of 617) of women on action list without screening had a mammogram ordered, but patient never scheduled exam
    - Access to VA not an issue: appt available within 2-3 weeks
    - Only 3% (20 of 617) of women on action list scheduled exam
  - VA VISTA challenges: additional 58 women found to have current screening;
    - Unable to capture data via Ad Hoc (Adjusted HEDIS: 73.7%)
  - Data not retrievable: 38 Prime patients with other health insurance; enrolled to VA; do not receive care at MTF; reside outside area (Adjusted HEDIS: 75.6%)
- **Action Plan:**
  - October 2003: Letters sent to overdue women—little to no return from efforts
  - Jul-Sep 2004: Staff called 190 patients in conjunction with delinquent pap list
  - October 2004: Implemented telephone reminder software to call patients; staff Women's Health Booth; distribute flyers
  - Verify enrollment to MTF of women on action list As of:

HEDIS - Breast Cancer Screening
Action Plan
Cannon AFB – ACC

- **Reason in Red:**
  - No capability for in house mammography
  - Local area resources previously saturated, waiting times >2 months
  - The women delinquent in mammograms were contacted twice between Jan-Apr 03, and again in April and July 04, of the 144 delinquent

- **Action Plan:**
  - Pursued mobile mammogram services contract in Lubbock- declined
  - Pursued mobile mammo services contract in Amarillo-too expensive
  - Executive Staff recommended TriWest increase provider reimbursement to 115% of CMAC in effort to entice groups
  - Plains Regional Medical Center opened two additional screening rooms in March 04. Wait time decreased to 2 weeks in June, now 2-3 weeks

- **Get Well Date:** Expect slow incremental improvement

HEDIS - Breast Cancer Screening Action Plan Grand Forks – AMC

- **Continued quarterly reminder letters sent to patients 6 months prior to “due” status**
- **Contact 51 year old patients 1 year before they fall into metric**
- **Identified “outliers” and:**
  - **Are conducting Commander interviews**
  - **Offered opportunity to participate in 29 Oct WH Symposium**
  - **Imparted education on how to access service**

HEDIS - Breast Cancer Screening Action Plan Ellsworth AFB – ACC

- **Reason in Red:** All mammograms done in local area network. Because preventative service does not require TRICARE authorization, CHCS does not capture/reflect mammogram was accomplished
  - Fall 03, contacted 130 delinquent mammogram pts by phone/provided call back to see if mammogram accomplished.
  - Impact was minimal to overall metric – only 1% increase noted in 4 month period. Taxing resources to repeat this intervention does not show significant return on investment

- **Action Plan:**
  - Completing BCA on bringing mammograms back in house
  - Mammogram needs are assessed at every visit to identify need/update CHCS/Sending out reminder postcards to all delinquent or coming due (less resource intensive).
  - Increased awareness in October for Breast Cancer month with base paper article, clinic displays, educational handouts and BX information table.

- **Get Well Date:** Anticipate Incremental Improvements